

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2	/						52						
3							53	/					
4	/						54						
5	/						55	/					
6							56	/					
7	/						57						
8	/						58	/					
9							59	/					
10	/						60						
11							61	/					
12							62	/					
13	/						63						
14							64	/					
15							65						
16	/						66						
17							67	/					
18							68						
19							69						
20							70	/					
21							71						
22							72						
23							73						
24	/						74						
25							75						
26							76						
27							77						
28							78	/					
29							79						
30							80						
31							81						
32	/						82						
33							83						
34	/						84						
35							85						
36							86						
37	/						87						
38							88						
39							89						
40	/						90						
41							91						
42	/						92						
43							93						
44	/						94						
45	/						95						
46							96						
47	/						97						
48	/						98						
49							99						
50	/						100						
TOTAL IND.	32						TOTAL IND.						
TOTAL DEP.	28						TOTAL DEP.						
TOTAL CLAIMS	60						TOTAL CLAIMS						

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1	/						51						
2							52						
3							53						
4	/						54						
5							55						
6							56	/					
7							57						
8	/						58						
9							59						
10							60						
11							61						
12	/						62						
13							63						
14							64						
15	/						65						
16							66						
17							67	/					
18							68						
19	/						69						
20							70						
21							71						
22							72						
23	/						73						
24							74						
25							75						
26							76						
27	/						77						
28							78	/					
29							79						
30	/						80	/					
31							81						
32							82						
33							83	/					
34	/						84						
35							85						
36							86	/					
37							87						
38	/						88	/					
39							89						
40							90	/					
41							91	/					
42	/						92						
43							93	/					
44							94	/					
45	/						95						
46							96	/					
47							97	/					
48							98						
49							99	/					
50	/						100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						